



28238

Please type a plus sign (+) inside this box → PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/678,414
		Filing Date	October 2, 2000
		First Named Inventor	David W. Carlson
		Group Art Unit	2823
		Examiner Name	B. Kebede
Total Number of Pages in This Submission	15	Attorney Docket Number	100-13601 (P04797-C1)

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (check for \$36)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response to Paper No. 16	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final (Response)	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Return Receipt Postcard Certificate of Mailing</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	<b>Please charge any necessary fees or credit overpayment to Deposit Account No. 502305. A duplicate copy of this transmittal is attached for this purpose.</b>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark C. Pickering, Reg. No. 36,239
Signature	
Date	March 4, 2003

TECHNOLOGY CENTER 2800

RECEIVED  
MAR 18 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

March 4, 2003

Typed or printed name Robin L. King

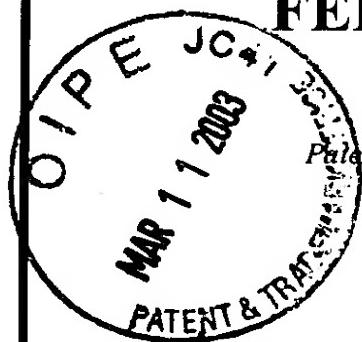
Signature Date March 4, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

# FEE TRANSMITTAL

For FY 2003

*Patent Fees are subject to annual revision.*



TOTAL AMOUNT OF PAYMENT

\$36

*Complete if Known*

Application Number	09/678,414
Filing Date	October 2, 2000
First Named Inventor	David W. Carlson
Examiner Name	B. Kebede
Group Art Unit	2823
Attorney Document No.	100-13601 (P04797-C1)

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge any fees or credit any overpayment under 37 CFR 1.16 and 1.17 which may be required by this paper to Deposit Account No. 502305

LAW OFFICES OF MARK C. PICKERING

Applicant claims small entity status. See 37 CFR 1.27.

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

LARGE ENTITY      SMALL ENTITY

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility	
1002	330	2002	260	Design	
1003	520	2003	255	Plant	
1004	750	2004	375	Reissue	
1005	160	2005	80	Provisional	
<b>SUBTOTAL (1)</b>				0	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	22 - 20 **	= 2	Extra Claims	Fee from below	Fee Paid
Independent	3 - 3	= 0		x 18	= \$ 36
Multiple Dep.		*		x 84	= \$ 0

\*\* or number previously paid, if greater; for Reissues, see below:

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claim in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue ind. claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>				\$36

## SUBMITTED BY

Law Offices of Mark C. Pickering  
P.O. Box 300  
Petaluma, CA 94953-0300  
Telephone: (707) 762-5583  
Facsimile: (707) 762-5504  
Customer No. 33402

Date: 3-4-03  
By: Mark C. Pickering  
Mark C. Pickering, Reg. No. 36,239

RECEIVED  
MAR 18 2003  
U.S. PATENT AND TRADEMARK OFFICE